

jured. When the bone was injured he had never known a patient to recover. He should be glad to know the result in London of operations for diseased joints in children. His own impression was, that amputation for diseased joints was never required before puberty. Such cases, he found, recovered in the country; and if they did not, amputation, he believed, would be of no service.

"Dr. Barker said, he knew two officers who had recovered after primary amputation of the thigh; and, he believed, without a bad symptom.

"Mr. Paget mentioned two recent successful operations for gunshot wounds; one by Mr. Hewett, at St. George's Hospital, where there was an extensive fracture of the lower part of the femur; and the other by himself, at St. Bartholomew's, where the gunshot went through the condyles of the femur. In both cases, he said, recovery was perfect.

"Mr. Curling thought Mr. Erichsen had taken a more gloomy view of the operation than facts warranted. He had seen many cases recover.

"Mr. Erichsen said, he had in view 12 cases at Edinburgh, all of which died; 10 in the Royal Infirmary, Glasgow, and the same number in St. Thomas's Hospital, not one of which recovered. In the hospital with which he was connected, nearly half the cases had been saved; so that as to personal experience he did not take so gloomy a view as was supposed; he simply referred to the statistics which had been published.

"Mr. Arnott said, that in regard to the operation in question, the experience of the Peninsula was similar to that of the Crimean campaign—that it should not be attempted except in cases of absolute necessity."—*Med. Times and Gaz.*, April 26, 1856.

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12. *Excision of Elbow-joint.*—Mr. SYME states (*Lancet*, April 19th, 1856), that he has recently adopted the following method of excising the elbow-joint, and found it to wonderfully facilitate the process.

Having made the ordinary incisions he exposed the convex osseous surface, held the ulnar nerve to the side by a hook, and sawed through the bones about the middle of the olecranon. Nothing, he says, could be easier after this, than insulating first one and then the other extremity, and sawing them off to the requisite extent.

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13. *Excision of the Knee-Joint.*—By PETER BROTHERSTON, Esq. In 1854, when visiting Edinburgh, I had frequent opportunities of seeing two cases, in which the operation of excision of the knee-joint had been successfully performed by my friend, the late Dr. Richard Mackenzie, of Edinburgh, in the Royal Infirmary; and, being struck by the appearance, strength, and usefulness of the limbs operated upon, I determined, whenever a suitable case presented itself, to give the operation a trial.

Robert Strang, æt. 10, son of a collier residing in Clackmannan, has had strumous disease of the left knee-joint for two years. The leg is slightly flexed, the joint very much enlarged, and an ulcerated opening, about half an inch in diameter, over the inside of the joint. A probe, introduced into this opening, and pushed backwards, enters the joint. He has continual pain, aggravated on motion, and the discharge is very considerable. The boy is pale and emaciated, and has a quick pulse, of about 120. Having stated to the parents that an effort should be made to save the leg, and explaining to them the nature of the operation for excision of the knee-joint, they at once consented to have the operation performed without delay. I wrote to my friend, Dr. James Gillespie, of Edinburgh, requesting his assistance in this case, he having assisted the late Dr. Richard Mackenzie in his previous cases at the Royal Infirmary; and, accordingly, on the 19th May, 1854, I performed the operation as follows: The boy being put under the influence of chloroform, I made a free incision across the front of the knee-joint, below the patella, from a little above the posterior edge of the inner tuberosity of the tibia, across to the posterior edge of the outer tuberosity; and having divided the lateral and crucial ligaments, I proceeded to separate the connection round the condyles of the femur, which being done, about three quarters of an inch of the condyles were sawn off. A slice

of about one-third of an inch in thickness was then taken from the head of the tibia, and the cartilage was removed from the inner surface of the patella by means of a gouge. Four arteries required ligature. The ends of the bones were then placed in accurate apposition, and the wound was closed with seven sutures. A splint, covered with lint, was applied to the ham, and the whole secured with a bandage.

It is needless to give a detailed account of this case; but I may remark, that in seven months, complete ankylosis of the bones had taken place, and the boy could walk with freedom. There were two or three sores in the neighbourhood of the incision; but they were superficial and unconnected with the bone.

*Second Case.*—The progress and cure of the case just related was anxiously watched by a gentleman in Alloa, whose son, eleven years of age, was labouring under acute synovitis and ulceration of the cartilages of the right knee. From seeing the case of the boy Strang progress so favourably, he asked me if a similar operation might not save his son's limb; and on being told that the case was a remarkably favourable one for the operation, he at once consented to have it done. I may state there was urgent necessity for this operation, or amputation being immediately performed. The extreme paroxysms of pain which came on whenever the boy attempted to sleep, caused by the ulceration of the cartilage being brought in contact with the opposing bone during sleep, when the natural control of the limb was lost, and his state of nervous debility, showed that he could not have borne up longer under the source of irritation. There was no other external ulceration, except a sinus opening in the ham, which discharged a quantity of matter. I was assisted again by my friend, Dr. James Gillespie, and the operation was performed on the 12th January, 1855, in every way similar to the former case.

There was a considerable quantity of pus in the joint, and distinct ulceration of the cartilage on the condyles of the femur and head of the tibia. The incision nearly all healed by the first intention, and everything went on favourably till about the beginning of March, when an abscess began to form on the outside of the thigh, a little above the seat of the operation. This I opened on the 28th of March, and shortly afterwards the abscess gradually closed, and finally healed altogether. It is now eleven months since the operation was performed, and the limb is fairly ankylosed. All swelling has disappeared, and the limb is as straight as its fellow, and only an inch shorter. The patella is found slightly movable, a little above its former seat, and he can walk with a firm decided step, without a crutch, although he uses one at present, by my orders, to save the limb.

I may mention here the great benefit I found from the use of sand bags, recommended me by Dr. Richard Mackenzie, laid on each side of the leg, along the sides of the joint, and fastened with two bits of tape, one above and another below the knee. They served admirably to keep the bones in accurate apposition, and from their weight, kept the leg *in situ*, especially preventing its movement during sleep.—*Edinburgh Med. Journ.*, April, 1856.

14. *Tic Douloureux cured by Excision of a Mass of Phosphate of Lime, adhering to the Supra-orbital Nerve.*—By HUGH SHARP, Esq. On the 17th of December, 1855, a man, G. F., æt. about 50 years, residing in Cullen, had a very severe attack of tic-douloureux in his left brow, which continued, without intermission, for several hours; it again returned on the 18th, at the same hour as on 17th, but with greater violence, when I was called on for advice, etc. Seeing at once the nature of the case, and without examining minutely the seat of the severe pain, I prescribed for him some croton oil and calomel pills, to be taken at proper intervals. This had the desired effect, until the 20th, when the pain returned with the same violence as formerly, when I was again called in, when, on pointing out to the man the course of the supra-orbital nerve, which would have to be divided, or rather a small part of it removed altogether, in order to give relief, even for a limited time, I detected a small hard tumour, about the bulk of a pea, somewhat flattened, firmly adhering to, and immediately over, the supra-orbital nerve, as it emerged from the notch, and concealed by the eyebrow. I inquired if he knew how long the small tumour had been there,